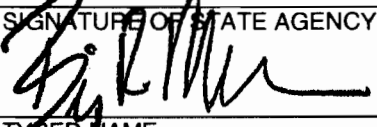
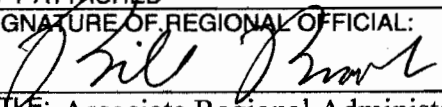


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		1. TRANSMITTAL NUMBER: <div style="text-align: center; font-weight: bold;">12-001</div>	2. STATE: <div style="text-align: center; font-weight: bold;">TEXAS</div>
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE: <div style="text-align: center; font-weight: bold;">March 1, 2012</div>	
5. TYPE OF PLAN MATERIAL (Circle One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT <div style="text-align: center; font-size: small;">COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)</div>			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR §§430.12(b), 431.1, 431.10, 431.11, and 431.610		7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT a. FFY 2012 \$0 b. FFY 2013 \$0 c. FFY 2014 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: SEE ATTACHMENT TO BLOCKS 8 & 9		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): SEE ATTACHMENT TO BLOCKS 8 & 9	
10. SUBJECT OF AMENDMENT: The proposed amendment updates the Medicaid State Plan section titled, "Section One – Single State Agency Organization," and certain pages of sections 4 and 7 that are referenced in Section 1.			
11. GOVERNOR'S REVIEW (Check One): <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL </div> <div style="width: 45%;"> <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt. </div> </div>			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Billy R. Millwee State Medicaid Director Post Office Box 13247 MC:H-100 Austin, Texas 78711-5200	
13. TYPED NAME: Billy R. Millwee			
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED: March 30, 2012			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: <div style="text-align: center;">30 March, 2012</div>		18. DATE APPROVED: <div style="text-align: center;">26 APRIL 2012</div>	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <div style="text-align: center;">1 March, 2012</div>		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: <div style="text-align: center;">Bill Brooks</div>		22. TITLE: Associate Regional Administrator <div style="text-align: center;">Division of Medicaid & Children's Health</div>	
23. REMARKS:			